	ROUTING	S AND	RECORD	SHEET	╝
UBJECT: (Optional)		· · · · · · · · · · · · · · · · · · ·			
Security Clea	rance Re	view			
Director of Medical Services 1 D 4061 Hq.		EXTENSION	NO.	1	
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TO: (Officer designation, room number, and building)	DATE		OFFICER'S	COMMENTS (Number each comment to show from whom	m
	RECEIVED	FORWARDED	INITIALS	to whom. Draw a line across column after each comment.))
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